Community Organization Application for Facility Use of the Goddard Community Center - 2019

Date of Application Name of Organization						
Contact Information:						
Primary ContactPrimary Contact mailing address:						
Timary Contact manning						
E-mail address (optional)					
Additional Contacts: (Pl	ease list at lea	st two adults wl				
			Telephone			
	E-Mail Telephone					
				E-Mail		
			Telephor			
			E-Mail_			
General Information:						
This organization meets	on a regular	Bimonthly, M				
Note: If your organization Wednesdays" or "2 nd & 4		than once a mo		cify day(s) of the days, such as "1		
Dates & Times Reque	ested for use	in 2019	For office	ce Use only:		
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			Reserved/No.	<i>†</i>	
Available					
This application will remain on file at Go the above information changes.	oddard City Hal	1. Please notify t	us at 794-2441, if	any of	
For office Use only: Application Recei	ived	_Confirmation le	tter mailed		